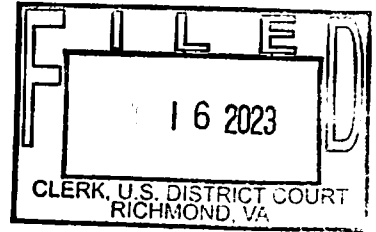


Novak

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA



COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. § 1983

Action Number 3:23cv519
(To be supplied by the Clerk, U.S. District Court)

Please fill out this complaint form completely. The Court needs the information requested in order to assure that your complaint is processed as quickly as possible and that all your claims are addressed. Please print/write legibly or type.

I. PARTIES

A. Plaintiff:

1. (a) Alphonse P. Georges (b) 000492188
(Name) (Inmate number)
- (c) Hennico County Jail po box
(Address)

3368 Hennico VA 23228

Plaintiff MUST keep the Clerk of Court notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such changes, this action may be dismissed.

Plaintiff is advised that only persons acting under the color of state law are proper defendants under Section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment. Private parties such as attorneys and other inmates may not be sued under Section 1983. In addition, liability under Section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens, and sheriffs are not liable under Section 1983 when a claim against them rests solely on the fact that they supervise persons who may have violated your rights. In addition, prisons, jails, and departments within an institution are not persons under Section 1983.

B. Defendant(s):

1. (a) Hennico County Jail (b) medical department
(Name) (Title/Job Description)
- (c) _____
(Address)

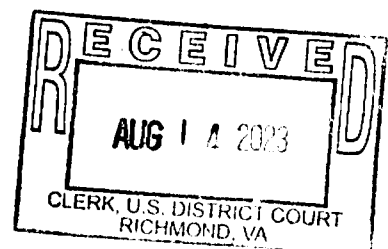
**IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA**

**INSTRUCTIONS FOR FILING COMPLAINT BY PRISONER UNDER
CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

1. This complaint must be legibly handwritten or typewritten and signed by the plaintiff. Any false statement of material fact may serve as the basis for prosecution and conviction for perjury. All questions must be answered concisely in the proper space on the form.
2. In order for this complaint to be filed, it must be accompanied by the filing fee of **\$350.00** 28. U.S.C. § 1914(a) and a **\$50.00 administrative fee**. If you do not have the necessary filing fee, you may request permission to proceed *in forma pauperis*. Please complete the enclosed affidavit setting forth information establishing your inability to prepay the fees and costs.
3. When these forms are complete, they must be mailed to the Clerk of the United States District Court for the Eastern District of Virginia. The address is listed below:

United States District Court
Eastern District of Virginia
701 East Broad Street
Suite 300
Richmond, Virginia 23219-3528

4. Complaints that do not conform to these instructions will be returned with a notation as to the deficiency.
5. **ALL COPIES OF THE COMPLAINT MUST BE IDENTICAL. DO NOT MAIL THE FORMS TO A SPECIFIC JUDGE.**



2. (a) _____ (b) _____
(Name) (Title/Job Description)

(c) _____
(Address)

3. (a) _____ (b) _____
(Name) (Title/Job Description)

(c) _____
(Address)

If there are additional defendants, please list them on a separate sheet of paper. Provide all identifying information for each defendant named.

Plaintiff MUST provide a physical address for defendant(s) in order for the Court to serve the complaint. If plaintiff does not provide a physical address for a defendant, that person may be dismissed as a party to this action.

II. PREVIOUS LAWSUITS

A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment? Yes [] No [☒]

B. If your answer to "A" is Yes: You must describe any lawsuit, whether currently pending or closed, in the space below. If there is more than one lawsuit, you must describe each lawsuit on another sheet of paper, using the same outline, and attach hereto.

1. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county):

3. Date lawsuit filed: _____

4. Docket number: _____

5. Name of Judge to whom case was assigned: _____

6. Disposition (Was case dismissed? Appealed? Is it still pending? What relief was granted, if any?):

III. GRIEVANCE PROCEDURE

A. At what institution did the events concerning your current complaint take place:

Henrico Jail west

B. Does the institution listed in "A" have a grievance procedure? Yes [☒] No [☐]

C. If your answer to "B" is Yes:

1. Did you file a grievance based on this complaint? Yes [☒] No [☐]

2. If so, where and when: Multiple between 06-28-23; 08-01-23 to medical

3. What was the result? Claims are often not returned or responded to. When they have been returned no tangible resolution

4. Did you appeal? Yes [☒] No [☐]

5. Result of appeal: None of my appeals have been returned or responded to.

D. If there was no prison grievance procedure in the institution, did you complain to the prison authorities? Yes [☐] No [☒]

If your answer is Yes, what steps did you take? _____

E. If your answer is No, explain why you did not submit your complaint to the prison authorities:

This is a County Jail

IV. STATEMENT OF THE CLAIM

State here the facts of your case. Describe how each defendant is involved and how you were harmed by their action. Also include the dates, places of events, and constitutional amendments you allege were violated.

If you intend to allege several related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.

Transferred to henrico county Jail on June 2nd of this year from Roanoke county Jail. Since coming here I've struggled to get the medical department to consistently provide wound care missing a total of 22 days in June then 12 days in July where they decide to cut wound care from once daily to every other day without informing me. My grievances are ignored or strung along. No one ever comes to speak with me about them. My wound was healing progressively while at Roanoke county but since coming here I've developed a green discharge from the wound and because they weren't packing the wound, the wound has not healed and will not close, held open by tendons that wouldn't have been on the surface of the wound had it been packed down.

V. RELIEF

I understand that in a Section 1983 action the Court cannot change my sentence, release me from custody or restore good time. I understand I should file a petition for a writ of habeas corpus if I desire this type of relief. APG (please initial)

The plaintiff wants the Court to: (check those remedies you seek)

_____ Award money damages in the amount of \$ covering medical cost

_____ Grant injunctive relief by _____

X Other Be sent to VCU medical which i was already referred to

VI. PLACES OF INCARCERATION

Please list the institutions at which you were incarcerated during the last six months. If you were transferred during this period, list the date(s) of transfer. Provide an address for each institution.

Roanoke County Jail, May 19th - June 2nd 2023

Henrico County Jail June 2nd

pending release t4361 parham road, henrico VA, 23228

VII. CONSENT

CONSENT TO TRIAL BY A MAGISTRATE JUDGE: The parties are advised of their right, pursuant to 28 U.S.C. § 636(c), to have a U.S. Magistrate Judge preside over a trial, with appeal to the U.S. Court of Appeals for the Fourth Circuit.

Do you consent to proceed before a U.S. Magistrate Judge: Yes [] No []. You may consent at any time; however, an early consent is encouraged.

VIII. SIGNATURE

If there is more than one plaintiff, each plaintiff must sign for himself or herself.

Signed this First day of August, 2023.

Plaintiff Alahjuan P. Georges